

Application Data Sheet

Application Information

Application number::

Filing Date:: March 1, 2002

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art::

CD-ROM or CD-R?: None

Number of CDs::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: MANAGING TAXONOMIC INFORMATION

Attorney Docket Number:: 58378.127

Request for Early Publication? No

Request for Non-Publication? No

Suggested Drawing Figure:: 18

Total Drawing Sheets:: 41

Small Entity? No

Latin Name::

Variety Denomination Name::

Petition Included?:

Petition Type::

Licensed US Govt. Agency: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.? No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David Pratt
Middle Name::
Family Name:: Remsen
Name Suffix::
City of Residence:: Woods Hole
State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of Mailing Address:: 19 Glendon Road
City of Mailing Address:: Woods Hole
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02543

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Catherine N.
Middle Name::
Family Name:: Norton
Name Suffix::
City of Residence:: Falmouth
State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of Mailing Address:: 91 Fairview Avenue
City of Mailing Address:: Falmouth
State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 02540

Correspondence Information

Correspondence Customer Number:: 23483
Phone Number:: 617-526-6010
Fax Number:: 617-526-5000
E-Mail Address:: jason.reyes@haledorr.com

Representative Information

Representative Customer Number:: 23483

Domestic Priority Information

Application::	Continuity Type::	Parent Application:: [20 character max]	Parent Filing Date:: [8 characters mm/dd/yy]

Foreign Priority Information

Country:: [50 character max]	Application Number:: [20 character max]	Filing Date:: [8 characters mm/dd/yy]	Priority Claimed:: Yes or No

Assignee Information

Assignee Name:: Marine Biological Laboratory
Street of Mailing Address:: 7 MBL Street
City of Mailing Address:: Woods Hole
State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 02543

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